

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern District of North Carolina

Case number (If known): _____ Chapter you are filing under:

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Lent

First name

Christopher

Middle name

Carr

Last name

II

Suffix (Sr., Jr., II, III)

Deltarina

First name

V.

Middle name

Carr

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

Deltarina

First name

V.

Middle name

Diaz

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 9 5 5 9

OR

9 xx - xx - _____

xxx - xx - 6 5 2 7

OR

9 xx - xx - _____

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**Include trade names and *doing business as* names☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

3300 Laurinburg Rd

Number Street

Raeford

City

NC

State

28376

ZIP Code

Hoke

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

3300 Laurinburg Rd

Number Street

Raeford

City

NC

State

28376

ZIP Code

Hoke

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☒ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Own property in district. File in this district out of convenience and belief that creditors do not object thereto.

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☒ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Spouse is filing in district. File in this district out of convenience and belief that creditors do not object thereto.

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☐ Chapter 7☐ Chapter 11☐ Chapter 12☒ Chapter 13**8. How you will pay the fee**

☐ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☒ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?☒ No

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?☒ No. Go to line 12.☐ Yes. Has your landlord obtained an eviction judgment against you?☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?**

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☒ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
☐ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|------------------------------------------|----------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|-----------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Lent C. Carr II

Signature of Debtor 1

Executed on 03/20/2018

MM / DD / YYYY

X /s/ Deltarina Carr

Signature of Debtor 2

Executed on 03/20/2018

MM / DD / YYYY

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

✕

/s/ Erich M. Fabricius

Signature of Attorney for Debtor

Date

03/20/2018

MM / DD / YYYY

Erich M. Fabricius

Printed name

Fabricius & Fabricius PLLC

Firm name

PO Box 1230

Number Street

Knightdale

City

NC

State

27545

ZIP Code

Contact phone (919) 295-6001Email address emf@fabriciuslaw.com39667

Bar number

NC

State

Fill in this information to identify your case:

Debtor 1 **Lent Christopher Carr II**
First Name Middle Name Last Name

Debtor 2 **Deltarina V. Carr**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of North Carolina**

Case number _____
(if known)

Check if this is:
☐ An amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets**Your Assets**

Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)1a. Copy line 55, Total real estate, from *Schedule A/B*1a. \$ 567,629.491b. Copy line 62, Total personal property, from *Schedule A/B*1b. \$ 6,503.491c. Copy line 63, Total of all property on *Schedule A/B*1c. \$ 574,132.98**Part 2: Summarize Your Liabilities****Your Liabilities**

Value of what you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D*2a. \$ 18,273.81**2. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)**3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*3a. \$ 0.003b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*3b. + \$ 19,734.00**Your total liabilities** \$ 38,007.81**Part 3: Summarize Your Income and Expenses****4. Schedule I: Your Income (Official Form 106I)**Copy your combined monthly income from line 12 of *Schedule I*4. \$ 5,717.00**5. Schedule J: Your Expenses (Official Form 106J)**Copy your monthly expenses from line 22c of *Schedule J*5. \$ 3,534.04

Part 4:

Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapter 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☒ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$

3,000.00

9. Copy the following special categories of claims from Part 4, line 6 of **Schedule E/F**:

	Total claim
From Part 4 on Schedule E/F , copy the following:	
9a. Domestic support obligations. (Copy line 6a.)	9a. \$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	9b. \$ 0.00
9c. Claims for death or personal injury while you were Intoxicated. (Copy line 6c.)	9c. \$ 0.00
9d. Student loans. (Copy line 6f.)	9d. \$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	9e. \$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	9f. + \$ 0.00
9g. Total Add lines 9a through 9f.	9g. \$ 0.00

Fill in this information to identify your case:

Debtor 1 **Lent Christopher Carr II**
 First Name Middle Name Last Name

Debtor 2 **Deltarina V. Carr**
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of North Carolina**

Case number _____
 (if known)

Check if this is:

☐ An amended filing**Official Form 106A/B****Schedule A/B: Property****12/15**

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**☐ No. Go to Part 2☒ Yes. Where is the property?1.1 **3300 Laurinburg Rd**
 Street address, if available, or other description**Raeford, NC 28376**

City State ZIP Code

Hoke

County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ **451,000.00**\$ **451,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

1.2 **4160 Laurinburg Rd.**
 Street address, if available, or other description**Raeford, NC 28376**

City State ZIP Code

Hoke

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☒ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ **76,240.00**\$ **76,240.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple subject to potential competing estate claims

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

	First Name	Middle Name	Last Name						
1.3	4185 Martin Luther King Jr St			What is the property? Check all that apply. <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input checked="" type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other Who has an interest in the property? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another	<div>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</div> <table><tr><th>Current value of the entire property?</th><th>Current value of the portion you own?</th></tr><tr><td>\$ 19,882.98</td><td>\$ 3,313.83</td></tr></table> <div>Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. 1/6 interest as Tenants in Common <input type="checkbox"/> Check if this is community property (see instructions)</div>	Current value of the entire property?	Current value of the portion you own?	\$ 19,882.98	\$ 3,313.83
Current value of the entire property?	Current value of the portion you own?								
\$ 19,882.98	\$ 3,313.83								
Street address, if available, or other description									
Ayden, NC 28513									
City State ZIP Code									
Pitt									
County									
1.4	4895 Gum Swamp Rd.			What is the property? Check all that apply. <input checked="" type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other Who has an interest in the property? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another	<div>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</div> <table><tr><th>Current value of the entire property?</th><th>Current value of the portion you own?</th></tr><tr><td>\$ 48,453.96</td><td>\$ 8,075.66</td></tr></table> <div>Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. 1/6 interest as Tenants in Common <input type="checkbox"/> Check if this is community property (see instructions)</div>	Current value of the entire property?	Current value of the portion you own?	\$ 48,453.96	\$ 8,075.66
Current value of the entire property?	Current value of the portion you own?								
\$ 48,453.96	\$ 8,075.66								
Street address, if available, or other description									
Ayden, NC 28513									
City State ZIP Code									
Pitt									
County									
1.5	521 Gatlin Farm Rd.			What is the property? Check all that apply. <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input checked="" type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other Who has an interest in the property? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<div>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</div> <table><tr><th>Current value of the entire property?</th><th>Current value of the portion you own?</th></tr><tr><td>\$ 29,000.00</td><td>\$ 29,000.00</td></tr></table> <div>Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Fee Simple <input type="checkbox"/> Check if this is community property (see instructions)</div>	Current value of the entire property?	Current value of the portion you own?	\$ 29,000.00	\$ 29,000.00
Current value of the entire property?	Current value of the portion you own?								
\$ 29,000.00	\$ 29,000.00								
Street address, if available, or other description									
Raeford, NC 28376									
City State ZIP Code									
Hoke									
County									
Other information you wish to add about this item, such as local property identification number:									
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.									
\$ 567,629.49									

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No
☒ Yes

3.1	Make: Infiniti	Who has an interest in the property? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)	<div>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</div> <table><tr><th>Current value of the entire property?</th><th>Current value of the portion you own?</th></tr><tr><td>\$ 2,600.00</td><td>\$ 2,600.00</td></tr></table>	Current value of the entire property?	Current value of the portion you own?	\$ 2,600.00	\$ 2,600.00
Current value of the entire property?	Current value of the portion you own?						
\$ 2,600.00	\$ 2,600.00						

	Model: Q45											
	Year: 1997											
	Approximate mileage: 179,300 miles											
	Other Information:											
	Valuation: NADA Low Retail											
3.2	Make: Dodge	**Who has an interest in the property?** Check one ☒ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.	Current value of the entire property?	Current value of the portion you own?		---------------------------------------	---------------------------------------		\$ 1,200.00	\$ 1,200.00	

Debtor 1

Lent Christopher Carr II

Case number (if known)

First Name

Middle Name

Last Name

3.3

Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other Information: _____

Who has an interest in the property?

Check one

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this is community property

(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____

\$ _____

3.4

Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other Information: _____

Who has an interest in the property?

Check one

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this is community property

(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____

\$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

4.1

Make: _____

Model: _____

Year: _____

Other Information: _____

Who has an interest in the property?

Check one

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this is community property

(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____

\$ _____

4.2

Make: _____

Model: _____

Year: _____

Other Information: _____

Who has an interest in the property?

Check one

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this is community property

(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____

\$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.

\$ 3,800.00

Official Form 106A/B

Schedule A/B: Property

page 3

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? <small>Do not deduct secured claims or exemptions.</small>
6. Household goods and furnishings <i>Examples:</i> Major appliances, furniture, linens, china, kitchenware <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe Air Conditioners (100.00); Bedroom Furniture (75.00); Dining Room Furniture (95.00); Dishwasher (50.00); Dryer (30.00); Freezer (85.00); Living Room Furniture (100.00); Microwave (20.00); Miscellaneous household goods and sundries (150.00); Other Kitchen Appliances (300.00); Paintings, Art, Rugs (50.00); Refrigerator (75.00); Stove (50.00); Tableware (80.00); Washing Machine (30.00)	\$ <u>1,290.00</u>
7. Electronics <i>Examples:</i> Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe Computers (100.00); DVD/VCR (20.00); Stereos (32.00); Television(s) (100.00)	\$ <u>252.00</u>
8. Collectibles of value <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles <input type="checkbox"/> No <input type="checkbox"/> Yes. Describe	\$ <u>0.00</u>
9. Equipment for sports and hobbies <i>Examples:</i> Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe Musical Instruments (15.00); Recreational Equipment (5.00)	\$ <u>20.00</u>
10. Firearms <i>Examples:</i> Pistols, rifles, shotguns, ammunition, and related equipment <input type="checkbox"/> No <input type="checkbox"/> Yes. Describe	\$ <u>0.00</u>
11. Clothes <i>Examples:</i> Everyday clothes, furs, leather coats, designer wear, shoes, accessories <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe Clothing & Personal Affects	\$ <u>960.00</u>
12. Jewelry <i>Examples:</i> Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe Jewelry	\$ <u>15.00</u>
13. Non-farm animals <i>Examples:</i> Dogs, cats, birds, horses <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe Pets	\$ <u>75.00</u>
14. Any other personal and household items you did not already list, including any health aids you did not list <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Give specific information Yard Tools	\$ <u>10.00</u>
15. Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.	<div>\$ <u>2,622.00</u></div>

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.

Cash:

\$ 15.00

17. Deposits of Money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.

Institution name:

17.1. Checking account: NCSECU Checking 2783 \$ 9.14

17.2. Checking account: NCSECU Checking 1592 \$ 19.26

17.3. Savings account: NCSECU Shares 2783 \$ 38.15

17.4. Savings account: NCSECU Shares 1592 \$ 14.94

17.5. Certificates of deposit: \$

17.6. Other financial account: \$

17.7. Other financial account: \$

17.8. Other financial account: \$

17.9. Other financial account: \$

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.

Institution or issuer name:

\$

\$

\$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.

Name of entity: % of ownership:

\$

\$

\$

First Name

Middle Name

Last Name

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.

Issuer name:

\$ _____

\$ _____

\$ _____

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans.☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

\$ _____

Pension plan:

\$ _____

IRA:

\$ _____

Retirement account:

\$ _____

Keogh:

\$ _____

Additional account:

\$ _____

Additional account:

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.

Institution name or individual:

Electric:

\$ _____

Gas:

\$ _____

Heating oil:

\$ _____

Security deposit on rental unit:

\$ _____

Prepaid rent:

\$ _____

Telephone:

\$ _____

Water:

\$ _____

Rented furniture:

\$ _____

Other:

\$ _____

23. Annuities

(A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No☐ Yes.

Issuer name and description:

\$ _____

\$ _____

\$ _____

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).
☒ No
☐ Yes. Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):
\$ _____
\$ _____
\$ _____

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**
☒ No
☐ Yes. Give specific information about them \$ 0.00

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements
☒ No
☐ Yes. Give specific information about them \$ 0.00

27. **Licenses, franchises, and other general intangibles**
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses
☒ No
☐ Yes. Give specific information about them \$ 0.00

Money or property owed to you? **Current value of the portion you own?**
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**
☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years
Federal: \$ _____
State: \$ _____
Local: \$ _____

29. **Family Support**
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement
☒ No
☐ Yes. Give specific information
Alimony: \$ _____
Maintenance: \$ _____
Support: \$ _____
Divorce settlement: \$ _____
Property settlement: \$ _____

30. **Other amounts someone owes you**
Examples: Unpaid wages, disability insurance payments, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else
☒ No
☐ Yes. Give specific information \$ 0.00

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value

Company Name:

Beneficiary:

Surrender or refund value:

\$ _____
\$ _____
\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information

\$ 0.00

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue.

- ☐ No
☒ Yes. Describe each claim

\$ 52,000.00

Possible claim against Janetta Jordan regarding conversion of truck and misleading debtor to issue bad check

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim

\$ 0.00

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information

\$ 0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.

\$ 52,096.49

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
☐ Yes. Describe

\$ 0.00

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe

\$ 0.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No
☐ Yes. Describe \$ 0.00

41. Inventory

☒ No
☐ Yes. Describe \$ 0.00

42. Interests in partnerships or joint ventures

☒ No
☐ Yes. Describe Name of entity: % of ownership
\$
\$
\$

43. Customer lists, mailing lists, or other compilations

☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe \$ 0.00

44. Any business-related property you did not already list

☒ No
☐ Yes. Give specific information
\$
\$
\$
\$
\$
\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here. \$ 0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion
you own?
Do not deduct secured claims or
exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No
☐ Yes. Describe \$ 0.00

48. Crops-either growing or harvested

☒ No

☐ Yes. Give specific information

\$ 0.00

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No

☐ Yes.

\$ 0.00

50. Farm and fishing supplies, chemicals, and feed

☒ No

☐ Yes.

\$ 0.00

51. Any farm- and commercial fishing-related property you did not already list

☒ No

☐ Yes. Give specific information

\$ 0.00

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.

\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club memberships

☒ No

☐ Yes. Give specific information

\$

\$

\$

54. Add the dollar value of all of your entries from Part 7. Write that number here.

\$ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2

\$ 567,629.49

56. Part 2: Total vehicles, line 5

\$ 3,800.00

57. Part 3: Total personal and household items, line 15

\$ 2,622.00

58. Part 4: Total financial assets, line 36

\$ 52,096.49

59. Part 5: Total business-related property, line 45

\$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$ 0.00

61. Part 7: Total other property not listed, line 54

\$ 0.00

63. Total personal property. Add lines 56 through 61.

\$ 58,518.49

. Copy personal property total

\$ 58,518.49

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 626,147.98

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA
RALEIGH DIVISION

IN RE:

CASE NUMBER:

LENT C. CARR, II
DELTARINA CARR

DEBTOR(S)

SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, **Lent C. Carr, II**, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law: **(Attach additional sheets if necessary)**.

1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

Description of Property and Address	Market Value	Owner (H)Husband (W)Wife (J)Joint	Mortgage Holder or Lien Holder	Amount of Mortgage or Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(1)
3300 Laurinburg Rd, Raeford, NC 28376 (Hoke)	451,000.00	1	Hoke County Tax Collector	13,053.94	437,946.06	35,000.00

Debtor's Age:

Name of former co-owner:

VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1): \$ 35,000 .00

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

Model, Year Style of Auto	Market Value	Owner (H)Husband (W)Wife (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3)
1997 Infiniti Q45	2,600.00	1	Hicks Motor Sales	1,200.00	1,400.00	3,500.00

VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$ 3,500 .00

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is 2.

Description of Property	Market Value	Owner (H)Husband (W)Wife (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C- 1601(a)(4)
Air Conditioners (50% owner)	100.00	J	None	0.00	50.00	50.00
Bedroom Furniture (50% owner)	75.00	J	None	0.00	37.50	37.50
Clothing & Personal Affects (50% owner)	960.00	J	None	0.00	480.00	480.00
Computers (50% owner)	100.00	J	None	0.00	50.00	50.00
Dining Room Furniture (50% owner)	95.00	J	None	0.00	47.50	47.50
Dishwasher (50% owner)	50.00	J	None	0.00	25.00	25.00
Dryer (50% owner)	30.00	J	None	0.00	15.00	15.00
DVD/VCR (50% owner)	20.00	J	None	0.00	10.00	10.00
Freezer (50% owner)	85.00	J	None	0.00	42.50	42.50
Jewelry (50% owner)	15.00	J	None	0.00	7.50	7.50
Living Room Furniture (50% owner)	100.00	J	None	0.00	50.00	50.00
Microwave (50% owner)	20.00	J	None	0.00	10.00	10.00
Miscellaneous household goods and sundries (50% owner)	150.00	J	None	0.00	75.00	75.00
Musical Instruments (50% owner)	15.00	J	None	0.00	7.50	7.50
Other Kitchen Appliances (50% owner)	300.00	J	None	0.00	150.00	150.00
Paintings, Art, Rugs (50% owner)	50.00	J	None	0.00	25.00	25.00
Pets (50% owner)	75.00	J	None	0.00	37.50	37.50
Recreational Equipment (50% owner)	5.00	J	None	0.00	2.50	2.50
Refrigerator (50% owner)	75.00	J	None	0.00	37.50	37.50
Stereos (50% owner)	32.00	J	None	0.00	16.00	16.00
Stove (50% owner)	50.00	J	None	0.00	25.00	25.00
Tableware (50% owner)	80.00	J	None	0.00	40.00	40.00
Television(s) (50% owner)	100.00	J	None	0.00	50.00	50.00
Washing Machine (50% owner)	30.00	J	None	0.00	15.00	15.00
Yard Tools (50% owner)	10.00	J	None	0.00	5.00	5.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4) : \$ 1,311 .00

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

Description	Market Value	Owner (H)Husband (W)Wife (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C- 1601(a)(5)

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS-1C-1601(a)(5): \$ 0 .00

5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5)

Description	Insured	Last Four Digits of Policy Number	Beneficiary (if child, initials only)	Cash Value

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

Description

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.

Description	Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy/Annuity

8. NCGS 1C-1601(a)(2) ANY PROPERTY [Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)].

Description of Property and Address	Market Value	Owner (H)Husband (W)Wife (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C- 1601(a)(2)

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS-1C-1601(a)(2): \$ 0 .00

9. NCGS 1C-1601(a)(9) and 11 U.S.C. § 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §§ 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in § 408(b) of the Internal Revenue Code, accounts established as part of a trust described in § 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under § 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

Type of Account	Location of Account	Last Four Digits of Account Number

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under § 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§ 541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan	Last Four Digits of Account Number	Value	Initials of Child Beneficiary

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

Name of Retirement Plan	State Governmental Unit	Last Four Digits of Identifying Number

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

Type of Support	Amount	Location of Funds

13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of Property and Address	Market Value	Lien Holder	Amount of Lien	Net Value

VALUE CLAIMED AS EXEMPT: \$ 0 .00

14. NORTH CAROLINA PENSION FUND EXEMPTIONS

a.	North Carolina Local Government Employees Retirement benefits NCGS 128-31	
b.	North Carolina Teachers and State Employees Retirement benefits NCGS 135-9	
c.	Firemen's Relief Fund pensions NCGS 58-86-90	
d.	Fraternal Benefit Society benefits NCGS 58-24-85	
e.	Benefits under the Supplemental Retirement Income Plan for teachers and state employees are exempt from levy, sale, and garnishment NCGS 135-95	
f.	Benefits under the Supplemental Retirement Income Plan for state law enforcement officers are exempt from levy, sale, and garnishment NCGS 143-166.30(g)	

15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF NORTH CAROLINA

a.	Aid to the Aged, Disabled and Families with Dependent Children NCGS 108A-36	
b.	Aid to the Blind NCGS 111-18	
c.	Yearly Allowance of Surviving Spouse NCGS 30-15	
d.	Workers Compensation benefits NCGS 97-21	
e.	Unemployment benefits, so long as not commingled and except for debts for necessities purchased while unemployed NCGS 96-17	
f.	Group insurance proceeds NCGS 58-58-165	
g.	Partnership property, except on a claim against the partnership NCGS 59-55	
h.	Wages of debtor necessary for support of family NCGS 1-362	
i.	Benefits under the Separate Insurance Benefits Plan for state and local law enforcement officers are exempt from levy, sale, and garnishment NCGS 143-166.60(h)	
j.	Vested benefits under the North Carolina Public Employee Deferred Compensation Plan are exempt from levy, sale, and garnishment NCGS 147-9.4	

16. FEDERAL PENSION FUND EXEMPTIONS

a.	Foreign Service Retirement and Disability Payments 22 U.S.C. § 4060	
b.	Civil Service Retirement benefits 5 U.S.C. § 8346	
c.	Railroad Retirement Act annuities and pensions 45 U.S.C. § 231m	
d.	Veterans benefits 38 U.S.C. § 5301	
e.	Special pension paid to winners of Congressional Medal of Honor 38 U.S.C. § 1562	
f.	Annuities payable for service in the General Accounting Office 31 U.S.C. § 776	
g.	Thrift Savings Plan 5 U.S.C. § 8437(e)	

17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

a.	Social Security benefits 42 U.S.C. § 407	
b.	Injury or death compensation payments from war risk hazards 42 U.S.C. § 1717	
c.	Wages owing a master or seamen, except for support of a spouse and/or minor children 46 U.S.C. § 11109	
d.	Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 U.S.C. § 916	
e.	Crop insurance proceeds 7 U.S.C. § 1509	
f.	Public safety officers' death benefits 42 U.S.C. § 3796. See subsection (g)	
g.	Railroad unemployment insurance 45 U.S.C. § 352. See subsection (e)	
h.	Federal Employees Compensation Act claims 5 U.S.C. § 8130	

18. RECENT PURCHASES

(a). List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition

Description	Market Value	Lien Holder	Amount of Lien	Net Value

(b). List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

Description of Replacement Property	Description of Property Liquidated or Converted that May Be Exempt

19. The debtor's property is subject to the following claims:

- a. Of the United States or its agencies as provided by federal law
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds
- c. Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected
- d. Of a lien by a mechanic for work done on the premises, but only as to the specific property affected
- e. For payment of obligations contracted for the purchase of specific real property affected.
- f. For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods
- g. For statutory liens, on the specific property affected, other than judicial liens
- h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina
- i. For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38
- j. Debts of a kind specified in 11 U.S.C. § 523(a)(1) (certain taxes), (5) (domestic support obligations)
- k. Debts of a kind specified in 11 U.S.C. § 522(c)

Claimant	Nature of Claim	Amount of Claim	Description of Property	Value of Property	Net Value
Hicks Motor Sales	PMSI Motor Vehicle Lien	1,200.00	1997 Infiniti Q45	2,600.00	1,400.00
Hoke County Tax Collector	Property Taxes / Judgment	13,053.94	3300 Laurinburg Rd, Raeford, NC 28376 (Hoke)	451,000.00	437,946.06
Hoke County Tax Collector	Property Taxes	2,595.42	4160 Laurinburg Rd., Raeford, NC 28376 (Hoke)	76,240.00	73,644.58
Hoke County Tax Collector	Property Taxes	1,130.79	521 Gatlin Farm Rd., Raeford, NC 28376 (Hoke)	29,000.00	27,869.21
Pitt County Tax Collector	Property Taxes	293.66	4895 Gum Swamp Rd., Ayden, NC 28513 (Pitt)	8,075.66	7,782.00

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b), has been included in this claim of exemptions.

None of the claims listed in paragraph 19 is subject to this claim of exemptions.

I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL TO SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, Lent C. Carr, II, declare under penalty of perjury that I have read the foregoing Schedule C-1 - Property Claimed as Exempt, consisting of 6 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Executed on: March 20, 2018

/s/ Lent C. Carr II

Debtor

Rev. 12/2009

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA
RALEIGH DIVISION

IN RE:

CASE NUMBER:

**LENT C. CARR, II
DELTARINA CARR**

DEBTOR(S)

SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, Deltarina Carr, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law: **(Attach additional sheets if necessary).**

1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entirety or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

Description of Property and Address	Market Value	Owner (H)Husband (W)Wife (J)Joint	Mortgage Holder or Lien Holder	Amount of Mortgage or Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C- 1601(a)(1)

Debtor's Age:

Name of former co-owner:

VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1): \$ 0 .00

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

Model, Year Style of Auto	Market Value	Owner (H)Husband (W)Wife (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C- 1601(a)(3)

VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$ 0 .00

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is _.

Description of Property	Market Value	Owner (H)Husband (W)Wife (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C- 1601(a)(4)
Air Conditioners (50% owner)	100.00	J	None	0.00	50.00	50.00
Bedroom Furniture (50% owner)	75.00	J	None	0.00	37.50	37.50
Clothing & Personal Affects (50% owner)	960.00	J	None	0.00	480.00	480.00
Computers (50% owner)	100.00	J	None	0.00	50.00	50.00
Dining Room Furniture (50% owner)	95.00	J	None	0.00	47.50	47.50
Dishwasher (50% owner)	50.00	J	None	0.00	25.00	25.00
Dryer (50% owner)	30.00	J	None	0.00	15.00	15.00
DVD/VCR (50% owner)	20.00	J	None	0.00	10.00	10.00
Freezer (50% owner)	85.00	J	None	0.00	42.50	42.50
Jewelry (50% owner)	15.00	J	None	0.00	7.50	7.50
Living Room Furniture (50% owner)	100.00	J	None	0.00	50.00	50.00
Microwave (50% owner)	20.00	J	None	0.00	10.00	10.00
Miscellaneous household goods and sundries (50% owner)	150.00	J	None	0.00	75.00	75.00
Musical Instruments (50% owner)	15.00	J	None	0.00	7.50	7.50
Other Kitchen Appliances (50% owner)	300.00	J	None	0.00	150.00	150.00
Paintings, Art, Rugs (50% owner)	50.00	J	None	0.00	25.00	25.00
Pets (50% owner)	75.00	J	None	0.00	37.50	37.50
Recreational Equipment (50% owner)	5.00	J	None	0.00	2.50	2.50
Refrigerator (50% owner)	75.00	J	None	0.00	37.50	37.50
Stereos (50% owner)	32.00	J	None	0.00	16.00	16.00
Stove (50% owner)	50.00	J	None	0.00	25.00	25.00
Tableware (50% owner)	80.00	J	None	0.00	40.00	40.00
Television(s) (50% owner)	100.00	J	None	0.00	50.00	50.00
Washing Machine (50% owner)	30.00	J	None	0.00	15.00	15.00
Yard Tools (50% owner)	10.00	J	None	0.00	5.00	5.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4) : \$ 1,311 .00

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

Description	Market Value	Owner (H)Husband (W)Wife (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C- 1601(a)(5)

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS-1C-1601(a)(5): \$ 0 .00

5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5)

Description	Insured	Last Four Digits of Policy Number	Beneficiary (if child, initials only)	Cash Value

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

Description

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.

Description	Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy/Annuity

8. NCGS 1C-1601(a)(2) ANY PROPERTY [Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)].

Description of Property and Address	Market Value	Owner (H)Husband (W)Wife (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C- 1601(a)(2)

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS-1C-1601(a)(2): \$ 0 .00

9. NCGS 1C-1601(a)(9) and 11 U.S.C. § 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §§ 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in § 408(b) of the Internal Revenue Code, accounts established as part of a trust described in § 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under § 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

Type of Account	Location of Account	Last Four Digits of Account Number

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under § 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§ 541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan	Last Four Digits of Account Number	Value	Initials of Child Beneficiary

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

Name of Retirement Plan	State Governmental Unit	Last Four Digits of Identifying Number

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

Type of Support	Amount	Location of Funds

13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of Property and Address	Market Value	Lien Holder	Amount of Lien	Net Value

VALUE CLAIMED AS EXEMPT: \$ 0 .00

14. NORTH CAROLINA PENSION FUND EXEMPTIONS

a.	North Carolina Local Government Employees Retirement benefits NCGS 128-31	
b.	North Carolina Teachers and State Employees Retirement benefits NCGS 135-9	
c.	Firemen's Relief Fund pensions NCGS 58-86-90	
d.	Fraternal Benefit Society benefits NCGS 58-24-85	
e.	Benefits under the Supplemental Retirement Income Plan for teachers and state employees are exempt from levy, sale, and garnishment NCGS 135-95	
f.	Benefits under the Supplemental Retirement Income Plan for state law enforcement officers are exempt from levy, sale, and garnishment NCGS 143-166.30(g)	

15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF NORTH CAROLINA

a.	Aid to the Aged, Disabled and Families with Dependent Children NCGS 108A-36	
b.	Aid to the Blind NCGS 111-18	
c.	Yearly Allowance of Surviving Spouse NCGS 30-15	
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i.	Benefits under the Separate Insurance Benefits Plan for state and local law enforcement officers are exempt from levy, sale, and garnishment NCGS 143-166.60(h)	
j.	Vested benefits under the North Carolina Public Employee Deferred Compensation Plan are exempt from levy, sale, and garnishment NCGS 147-9.4	

16. FEDERAL PENSION FUND EXEMPTIONS

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b.	Civil Service Retirement benefits 5 U.S.C. § 8346	
c.	Railroad Retirement Act annuities and pensions 45 U.S.C. § 231m	
d.	Veterans benefits 38 U.S.C. § 5301	
e.	Special pension paid to winners of Congressional Medal of Honor 38 U.S.C. § 1562	
f.	Annuities payable for service in the General Accounting Office 31 U.S.C. § 776	
g.	Thrift Savings Plan 5 U.S.C. § 8437(e)	

17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

a.	Social Security benefits 42 U.S.C. § 407	
b.	Injury or death compensation payments from war risk hazards 42 U.S.C. § 1717	
c.	Wages owing a master or seamen, except for support of a spouse and/or minor children 46 U.S.C. § 11109	
d.	Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 U.S.C. § 916	
e.	Crop insurance proceeds 7 U.S.C. § 1509	
f.	Public safety officers' death benefits 42 U.S.C. § 3796. See subsection (g)	
g.	Railroad unemployment insurance 45 U.S.C. § 352. See subsection (e)	
h.	Federal Employees Compensation Act claims 5 U.S.C. § 8130	

18. RECENT PURCHASES

(a). List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition

Description	Market Value	Lien Holder	Amount of Lien	Net Value

(b). List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

Description of Replacement Property	Description of Property Liquidated or Converted that May Be Exempt

19. The debtor's property is subject to the following claims:

- a. Of the United States or its agencies as provided by federal law
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds
- c. Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected
- d. Of a lien by a mechanic for work done on the premises, but only as to the specific property affected
- e. For payment of obligations contracted for the purchase of specific real property affected.
- f. For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods
- g. For statutory liens, on the specific property affected, other than judicial liens
- h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina
- i. For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38
- j. Debts of a kind specified in 11 U.S.C. § 523(a)(1) (certain taxes), (5) (domestic support obligations)
- k. Debts of a kind specified in 11 U.S.C. § 522(c)

Claimant	Nature of Claim	Amount of Claim	Description of Property	Value of Property	Net Value
Hicks Motor Sales	PMSI Motor Vehicle Lien	1,200.00	1997 Infiniti Q45	2,600.00	1,400.00
Hoke County Tax Collector	Property Taxes / Judgment	13,053.94	3300 Laurinburg Rd, Raeford, NC 28376 (Hoke)	451,000.00	437,946.06
Hoke County Tax Collector	Property Taxes	2,595.42	4160 Laurinburg Rd., Raeford, NC 28376 (Hoke)	76,240.00	73,644.58
Hoke County Tax Collector	Property Taxes	1,130.79	521 Gatlin Farm Rd., Raeford, NC 28376 (Hoke)	29,000.00	27,869.21
Pitt County Tax Collector	Property Taxes	293.66	4895 Gum Swamp Rd., Ayden, NC 28513 (Pitt)	8,075.66	7,782.00

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b), has been included in this claim of exemptions.

None of the claims listed in paragraph 19 is subject to this claim of exemptions.

I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL TO SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, Deltarina Carr, declare under penalty of perjury that I have read the foregoing Schedule C-1 - Property Claimed as Exempt, consisting of 6 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Executed
on: March 20, 2018

/s/ Deltarina Carr

Debtor

Fill in this information to identify your case:

Debtor 1 **Lent Christopher Carr II**
First Name Middle Name Last Name

Debtor 2 **Deltarina V. Carr**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of North Carolina**

Case number _____
(if known)

Check if this is:
☐ An amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2
☒ Yes.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>
--------------------------------------------------------------------------------------	----------------------------------------------------------	--------------------------------------------------------

2.1	Hicks Motor Sales Creditor's Name 532 Hillsboro St. Number Street Oxford, NC 27565 City State ZIP Code Who owes the debt? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 1997 Infiniti Q45 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien: <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____	\$ 1,200.00	\$ 2,600.00	\$ 0.00
2.2	Hoke County Tax Collector Creditor's Name 227 N. Main St. Number Street Raeford, NC 28376 City State ZIP Code Who owes the debt? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 3300 Laurinburg Rd, Raeford, NC 28376 (Hoke) As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien: <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Property Taxes Last 4 digits of account number _____	\$ 13,053.94	\$ 451,000.00	\$ 0.00

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 14,254

First Name

Middle Name

Last Name

Part 1: Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--------------------------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------

2.3	Hoke County Tax Collector Creditor's Name 227 N. Main St. Number Street Raeford, NC 28376 City State ZIP Code Who owes the debt? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 4160 Laurinburg Rd., Raeford, NC 28376 (Hoke) As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien: <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <u>Property Taxes</u> Last 4 digits of account number _____	\$ <u>2,595.42</u>	\$ <u>76,240.00</u>	\$ <u>0.00</u>
2.4	Hoke County Tax Collector Creditor's Name 227 N. Main St. Number Street Raeford, NC 28376 City State ZIP Code Who owes the debt? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 521 Gatlin Farm Rd., Raeford, NC 28376 (Hoke) As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien: <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <u>Property Taxes</u> Last 4 digits of account number _____	\$ <u>1,130.79</u>	\$ <u>29,000.00</u>	\$ <u>0.00</u>
2.5	Pitt County Tax Collector Creditor's Name P.O. Box 43 Number Street Greenville, NC 27835 City State ZIP Code Who owes the debt? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 4895 Gum Swamp Rd., Ayden, NC 28513 (Pitt) As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien: <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____	\$ <u>293.66</u>	\$ <u>8,075.66</u>	\$ <u>0.00</u>

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 4,020

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$ 18,274

First Name	Middle Name	Last Name
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Part 2: List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1	Rudolph K. Smith Name _____ RKS Law Number _____ Street _____ PO Box 2095 _____ Fayetteville, NC 28302-2095 City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? <u>22</u> Last 4 digits of account number _____ Attorney for Hoke County Tax Collector
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1 **Lent Christopher Carr II**
 First Name Middle Name Last Name

Debtor 2 **Deltarina V. Carr**
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of North Carolina**

Case number _____
 (if known)

Check if this is:
☐ An amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- ☐ No. Go to Part 2
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Number Street City State ZIP Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other: Specify _____	\$ _____	\$ 0.00	\$ 0.00
2.2	North Carolina Dept of Revenue Priority Creditor's Name Office Services Division Number Street Bankruptcy Unit Raleigh, NC 27602-1168 City State ZIP Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other: Specify _____	\$ _____	\$ 0.00	\$ 0.00

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. Go to Part 2

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	<div>ACS/BoA</div> <div>Nonpriority Creditor's Name</div> <div>P.O. Box 7060</div> <div>Number Street</div> <div>Utica, NY 13504-7060</div> <div>City State ZIP Code</div> <div>Who incurred the debt? Check one</div> <div><input type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim is for a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify</div>	<div>\$ 4,750.00</div>
4.2	<div>AT&T</div> <div>Nonpriority Creditor's Name</div> <div>1801 Valley View Ln</div> <div>Number Street</div> <div>Dallas, TX 75234-8906</div> <div>City State ZIP Code</div> <div>Who incurred the debt? Check one</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim is for a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? May 2017</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify Communications</div>	<div>\$ 528.00</div>
4.3	<div>Dish Network</div> <div>Nonpriority Creditor's Name</div> <div>9601 S. Meridian Blvd.</div> <div>Number Street</div> <div>Englewood, CO 80112</div> <div>City State ZIP Code</div> <div>Who incurred the debt? Check one</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim is for a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify Communications</div>	<div>\$ 1,263.00</div>

The above listed balances and creditor names are based on best available information to the debtor(s). Such is provided for disclosure purposes, but is not an admission that the particular balances are owed or that the entity or individual listed has present and enforceable rights in the debt. Without limitation, the debtor(s) reserve the right to object to fees, charges, interest, and other matters of the computation of the balances, including all latent issues with the enforceability of the debt. In the event an issue with the debt is presently known to the debtor(s), such is indicated by the disputed flag above.

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim**4.4****Duke Energy**

Nonpriority Creditor's Name

PO Box 70515

Number Street

Charlotte, NC 28272

City State ZIP Code

Who incurred the debt? Check one☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** _____**When was the debt incurred?** _____\$ **580.00****As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did

not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Utilities**4.5****Hoke County District Attorney**

Nonpriority Creditor's Name

231 N Main St

Number Street

Raeford, NC 28376

City State ZIP Code

Who incurred the debt? Check one☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** _____**When was the debt incurred?** _____

\$ _____

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☒ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did

not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____**Bad Check related charges pertaining to property taxes****4.6****Kroger**

Nonpriority Creditor's Name

1014 Vine St

Number Street

Cincinnati, OH 45202

City State ZIP Code

Who incurred the debt? Check one☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** _____**When was the debt incurred?** _____\$ **74.00****As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did

not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

The above listed balances and creditor names are based on best available information to the debtor(s). Such is provided for disclosure purposes, but is not an admission that the particular balances are owed or that the entity or individual listed has present and enforceable rights in the debt. Without limitation, the debtor(s) reserve the right to object to fees, charges, interest, and other matters of the computation of the balances, including all latent issues with the enforceability of the debt. In the event an issue with the debt is presently known to the debtor(s), such is indicated by the disputed flag above.

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	Mariner Finance, LLC Nonpriority Creditor's Name 1333 Scotland Crossing Dr. Number Street Laurinburg, NC 28352 City State ZIP Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>Sep 2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Secured Loan</u>	\$ <u>2,300.00</u>
4.8	New South Finance Nonpriority Creditor's Name 2107 Chester Ridge Dr. Number Street High Point, NC 27262 City State ZIP Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>Sep 2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Auto Loan</u>	\$ <u>6,857.00</u>
4.9	Payliance Nonpriority Creditor's Name Eastern Oral Ste 120 Number Street Columbus, OH 43219 City State ZIP Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>USPS</u>	\$ <u>97.00</u>

The above listed balances and creditor names are based on best available information to the debtor(s). Such is provided for disclosure purposes, but is not an admission that the particular balances are owed or that the entity or individual listed has present and enforceable rights in the debt. Without limitation, the debtor(s) reserve the right to object to fees, charges, interest, and other matters of the computation of the balances, including all latent issues with the enforceability of the debt. In the event an issue with the debt is presently known to the debtor(s), such is indicated by the disputed flag above.

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.10

PSNC Energy

Nonpriority Creditor's Name

PO Box 100256

Number Street

Columbia, SC 29202

City State ZIP Code

Who incurred the debt? Check one

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____**When was the debt incurred?** _____\$ **114.00****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Utilities

4.11

Raleigh Radiology Associates, Inc

Nonpriority Creditor's Name

PO Box 2090

Number Street

Morrisville, NC 25760

City State ZIP Code

Who incurred the debt? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____**When was the debt incurred?** Dec 22, 2014\$ **191.00****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical

Past statute of limitations

4.12

WakeMed

Nonpriority Creditor's Name

PO Box 29516

Number Street

Raleigh, NC 27626

City State ZIP Code

Who incurred the debt? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____**When was the debt incurred?** Jul 23, 2013\$ **1,710.00****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical

Past statute of limitations

The above listed balances and creditor names are based on best available information to the debtor(s). Such is provided for disclosure purposes, but is not an admission that the particular balances are owed or that the entity or individual listed has present and enforceable rights in the debt. Without limitation, the debtor(s) reserve the right to object to fees, charges, interest, and other matters of the computation of the balances, including all latent issues with the enforceability of the debt. In the event an issue with the debt is presently known to the debtor(s), such is indicated by the disputed flag above.

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

		Total claim
4.13	<div><div>Wilson Utilities</div><div>Nonpriority Creditor's Name</div><div>208 Nash St E</div><div>Number Street</div><div>Wilson, NC 27893</div><div>City State ZIP Code</div><div>Who incurred the debt? Check one</div><div><div><input checked="" type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div> <div><div>Last 4 digits of account number</div><div>When was the debt incurred? Sep 2017</div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Utilities</div></div></div>	\$ 1,270.00
	<div><div></div><div>Nonpriority Creditor's Name</div><div></div><div>Number Street</div><div></div><div>City State ZIP Code</div><div>Who incurred the debt? Check one</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div> <div><div>Last 4 digits of account number</div><div>When was the debt incurred?</div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input type="checkbox"/> Other. Specify</div></div></div>	\$
	<div><div></div><div>Nonpriority Creditor's Name</div><div></div><div>Number Street</div><div></div><div>City State ZIP Code</div><div>Who incurred the debt? Check one</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div> <div><div>Last 4 digits of account number</div><div>When was the debt incurred?</div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input type="checkbox"/> Other. Specify</div></div></div>	\$

The above listed balances and creditor names are based on best available information to the debtor(s). Such is provided for disclosure purposes, but is not an admission that the particular balances are owed or that the entity or individual listed has present and enforceable rights in the debt. Without limitation, the debtor(s) reserve the right to object to fees, charges, interest, and other matters of the computation of the balances, including all latent issues with the enforceability of the debt. In the event an issue with the debt is presently known to the debtor(s), such is indicated by the disputed flag above.

Part 3: List Others to Be Notified About a Debt That You Already Listed

6. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

AMCOL Systems, Inc. Name PO Box 21625 Number Street Columbia, SC 29221 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims Line <u>4.12</u> of (Check one): <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ Collections for WakeMed
Convergent Outsourcing Name PO Box 9004 Number Street Renton, WA 98057 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims Line <u>4.3</u> of (Check one): <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ Collections for Dish Network
Creditors Collection Service Name 4530 Old Cove Spring Rd Number Street Cove Spring, VA 24018 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims Line <u>4.11</u> of (Check one): <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ Collections for Raleigh Radiology Associates, Inc
Diversified Consultants, Inc Name 10550 Deerwood Park Blvd #309 Number Street Dountroon, FL 32256 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims Line <u>4.2</u> of (Check one): <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ Collections for AT&T
Meade Associates Name 737 Enterprise Dr. Number Street Lewis Center, OH 43035 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims Line <u>4.6</u> of (Check one): <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ Collections for Kroger
Online Collections Name P.O. Box 1489 Number Street Winterville, NC 28590 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims Line <u>4.13</u> of (Check one): <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ Collections for Wilson Utilities
Online Collections Name P.O. Box 1489 Number Street Winterville, NC 28590 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims Line <u>4.4</u> of (Check one): <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ Collections for Duke Energy

First Name

Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

8. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
	6c. Claims for death or personal injury while you were Intoxicated	6c. \$ 0.00
	6d. Other Add all other priority unsecured claims. Write that amount here.	6d. + \$ 0.00
	6e. Total Add lines 6a through 6d.	6e. \$ 0.00
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 19,734.00
	6j. Total Add lines 6f through 6i.	6j. \$ 19,734.00

Fill in this information to identify your case:

Debtor 1 **Lent Christopher Carr II**
First Name Middle Name Last Name

Debtor 2 **Deltarina V. Carr**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of North Carolina**

Case number _____
(if known)

Check if this is:
☐ An amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for
<input type="checkbox"/> Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	
<input type="checkbox"/> Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	
<input type="checkbox"/> Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	
<input type="checkbox"/> Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	

Fill in this information to identify your case:

Debtor 1 **Lent Christopher Carr II**
 First Name Middle Name Last Name

Debtor 2 **Deltarina V. Carr**
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of North Carolina**

Case number _____
 (if known)

Check if this is:

☐ An amended filingOfficial Form 106H**Schedule H: Your Codebtors****12/15**

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors?(If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory?(*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☒ No. Go to line 3.☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?☐ No☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.

Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt****Check all schedules that apply:**

<input type="checkbox"/> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
<input type="checkbox"/> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
<input type="checkbox"/> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 **Lent Christopher Carr II**
First Name Middle Name Last Name

Debtor 2 **Deltarina V. Carr**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of North Carolina**

Case number _____
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I**Schedule I: Your Income****12/15**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
☒ Not Employed

Occupation**Employer's name****Employer's address**

Number Street

City State ZIP Code

How long employed there?**Debtor 2 or non-filing spouse**

- ☐ Employed
☒ Not Employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	Debtor 1	Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ 0.00
3. Estimate and list monthly overtime pay.	+ \$ 0.00	+ \$ 0.00
4. Calculate gross income. Add line 2 + line 3.	\$ 0.00	\$ 0.00

	Debtor 1	Debtor 2 or non-filing spouse
Copy line 4 here. → 4.	\$ 0.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions Specify: _____	5h. + \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6. \$ 0.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 562.50	\$ 1,312.50
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Food Stamps (842.00)</u>	8f. \$ 842.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>Contribution from Adult Daughter (3,000.00)</u>	8h. + \$ 3,000.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 4,404.50	\$ 1,312.50
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. \$ 4,404.50	\$ 1,312.50
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies		\$ 5,717.00
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____	N/A	

Fill in this information to identify your case:

Debtor 1	Lent Christopher Carr II
	First Name Middle Name Last Name
Debtor 2 (Spouse, if filing)	Deltarina V. Carr
	First Name Middle Name Last Name
United States Bankruptcy Court for the:	Eastern District of North Carolina
Case number (if known)	

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.
Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent

Dependent's relationship to Debtor 1 or Debtor 2**Dependent's Age****Does dependent live with you?****Daughter****16**☐ No ☒ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.	4.	\$	0.00
If not included in line 4:			
4a. Real estate taxes	4a.	\$	0.00
4b. Property, homeowner's, or renter's insurance	4b.	\$	0.00
4c. Home maintenance, repair, and upkeep expenses	4c.	\$	420.00
4d. Homeowner's association or condominium dues	4d.	\$	0.00

	Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5. \$ 0.00
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 366.01
6b. Water, sewer, garbage collection	6b. \$ 30.14
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 210.00
6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 1,594.00
8. Childcare and children's education costs	8. \$ 0.00
9. Clothing, laundry, and dry cleaning	9. \$ 21.00
10. Personal care products and services	10. \$ 190.00
11. Medical and dental expenses	11. \$ 0.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 350.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 0.00
14. Charitable contributions and religious donations	14. \$ 106.00
15. Insurance.	
Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 36.89
15d. Other insurance. Specify: _____	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	
Specify: _____	16. \$ 0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 210.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: _____	17c. \$ 0.00
17d. Other. Specify: _____	17d. \$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00
19. Other payments you make to support others who do not live with you.	19. \$ 0.00
Specify: _____	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00

Lent Christopher Carr II

First NameMiddle NameLast Name

		Your expenses
21. Other. Specify: _____	21. + \$	0.00
22. Calculate your monthly expenses.		
22a. Add lines 4 through 21.	22a. \$	3,534.04
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b. \$	0.00
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. \$	3,534.04
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	5,717.00
23b. Copy your monthly expenses from line 22c above.	23b. - \$	3,534.04
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	2,182.96
24. Do you expect an increase or decrease in your expenses within the year after you file this form?		
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		N/A
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 **Lent Christopher Carr II**
First Name Middle Name Last Name

Debtor 2 **Deltarina V. Carr**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of North Carolina**

Case number _____
(if known)

Check if this is:
☐ An amended filing

Official Form 106Dec**Declaration About an Individual Debtor's Schedules****12/15**

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person _____ . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X/s/ **Lent C. Carr II**

 Signature of Debtor 1

Date **March 20, 2018**

 MM / DD / YYYY

X/s/ **Deltarina Carr**

 Signature of Debtor 2

Date **March 20, 2018**

 MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Lent Christopher Carr II
First Name Middle Name Last Name

Debtor 2 Deltarina V. Carr
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of North Carolina

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy****04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:**Dates Debtor 1 lived there****Debtor 2:****Dates Debtor 2 lived there**2400 Surry RdNumber Street

From Jan 2016
 To Mar 2017

☒ Same as Debtor 1☐ Same as Debtor 1Number Street

From _____

To _____

Wilson NC 27896City State ZIP CodeCity State ZIP Code1005 Beverly DrNumber Street

From Feb 2011
 To Jan 2016

☒ Same as Debtor 1☐ Same as Debtor 1Number Street

From _____

To _____

Raleigh NC 27610City State ZIP CodeCity State ZIP Code**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)**

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☒ No☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For last calendar year: (January 1 to December 31, <u>2017</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For the calendar year before that: (January 1 to December 31, <u>2016</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>37,990.00</u>

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	SS / SSI _____ Support (est) _____	\$ 1,687.50 \$ 9,000.00 \$ _____	SS / SSI _____	\$ 3,937.50 \$ _____ \$ _____
For last calendar year: (January 1 to December 31, <u>2017</u>) YYYY	SS / SSI _____ Support (est) _____	\$ 6,612.00 \$ 36,000.00 \$ _____	SS / SSI _____	\$ 15,750.00 \$ _____ \$ _____
For the calendar year before that: (January 1 to December 31, <u>2016</u>) YYYY	SS / SSI _____	\$ 6,612.00 \$ _____ \$ _____	SS / SSI _____	\$ 15,750.00 \$ _____ \$ _____

Debtor 1

Lent Christopher Carr II

First Name Middle Name Last Name

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

Debtor 1

Lent Christopher Carr II

First Name Middle Name Last Name

Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title <u>County of Hoke v.</u> <u>Lent Christopher Carr et all</u> Case number <u>18 CVD 31</u>	Tax Foreclosure	<u>Hoke County District Court</u> Court Name Number Street City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <u>County of Hoke v.</u> <u>Jannetta P. Jordan et all</u> Case number <u>18 CVS 31</u>	Appeal from clerk regarding tax judgment matter	<u>Hoke County Superior Court</u> Court Name Number Street City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name Number Street City State ZIP Code			\$
	Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Creditor's Name Number Street City State ZIP Code			\$
	Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			\$
Number Street			
City State ZIP Code			
Last 4 digits of account number: XXXX-__ __ __ __			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
			\$
Number Street			
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
			\$
Number Street			
City State ZIP Code			
Person's relationship to you			

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?☐ No☒ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Emmaus PAB Church Inc. Charity's Name Number Street City State ZIP Code	Tithes and offerings	2017	\$ 9,462.93
			\$

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**☐ No☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
2004 Jeep Liberty, converted by Jannetta Jordan, prior owner	N/A	02/13/2018	\$ 2,500.00

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Fabricius & Fabricius PLLC Person Who Was Paid PO Box 1230 Number Street Knightdale NC 27545 City State ZIP Code www.fabriciuslaw.com Email or website address Person Who Made the Payment, if Not You	Attorney Fees 03/20/2018 	 \$ 800.00 \$

Debtor 1

Lent Christopher Carr II

First Name Middle Name Last Name

Case number (if known)

DECAF

Person Who Was Paid

112 Goliad St.

Number Street

Benbrook

City

TX

State

76126

ZIP Code

www.bkcert.com

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Credit Counseling

Date payment or transfer was made

03/05/2018

Amount of payment

\$ 50.00

\$

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.



No



Yes. Fill in the details.

Description and value of any property transferred**Date payment or transfer was made****Amount of payment**

Person Who Was Paid

Number Street

City

State

ZIP Code

\$

\$

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.



No



Yes. Fill in the details.

Description and value of property transferred**Describe any property or payments received or debts paid in exchange****Date transfer was made**

Person Who Received Transfer

Number Street

City

State

ZIP Code

Person's relationship to you

Person Who Received Transfer

Number Street

City

State

ZIP Code

Person's relationship to you

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

Name of trust _____

Description and value of the property transferred

Date transfer was made

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution Number Street City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$_____
Name of Financial Institution Number Street City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$_____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution Number Street City State ZIP Code	Name Number Street City State ZIP Code		<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		
City State ZIP Code	City State ZIP Code		

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No☐ Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street		
City State ZIP Code		
City State ZIP Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site		_____
Number Street		
City State ZIP Code		
City State ZIP Code		

Debtor 1

Lent Christopher Carr II

First Name

Middle Name

Last Name

Case number (if known)

25. Have you notified any governmental unit of any release of hazardous material?

☒ No☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		
City State ZIP Code	City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Court Name		
Number Street		
Case number		
City State ZIP Code	City State ZIP Code	

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name Number Street City State ZIP Code	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		EIN: ____ - ____ - ____
	Name of accountant or bookkeeper	Dates business existed
		From ____ To ____
Business Name Number Street City State ZIP Code	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		EIN: ____ - ____ - ____
	Name of accountant or bookkeeper	Dates business existed
		From ____ To ____

Debtor 1

Lent Christopher Carr II

First Name Middle Name Last Name

Case number (if known) _____

Business Name

Number Street

City State ZIP Code

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _____ - _____

Dates business existed

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☐ No☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✕ /s/ Lent C. Carr II

Signature of Debtor 1

✕ /s/ Deltarina Carr

Signature of Debtor 2

Date 03/20/2018

Date 03/20/2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 **Lent Christopher Carr II**
 First Name Middle Name Last Name

Debtor 2 **Deltarina V. Carr**
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of North Carolina**

Case number _____
 (if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ 0.00	\$ 0.00
Ordinary and necessary operating expenses	- \$ 0.00	- \$ 0.00
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
	Copy here →	
	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ 0.00	\$ 0.00
Ordinary and necessary operating expenses	- \$ 0.00	- \$ 0.00
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00
	Copy here →	
	\$ 0.00	\$ 0.00

First Name

Middle Name

Last Name

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00	
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:..... For you \$ For your spouse \$	\$ 0.00	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00	
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.			
10a. Contribution from Adult Daughter	\$ 3,000.00	\$ 0.00	
10b.	\$ 0.00	\$ 0.00	
10c. Total amounts from separate pages, if any.	+ \$ 0.00	+ \$ 0.00	
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 3,000.00	\$ 0.00	= \$ 3,000.00
			Total average monthly income

Part 2:

Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11.	12.	\$ 3,000.00	
13. Calculate the marital adjustment. Check one: <input type="checkbox"/> You are not married. Fill in 0 in line 13d. <input checked="" type="checkbox"/> You are married and your spouse is filing with you. Fill in 0 in line 13d. <input type="checkbox"/> You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. In lines 13a-d, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13e.			
13a.		\$ 0.00	
13b.		\$ 0.00	
13c.		\$ 0.00	
13d.		+ \$ 0.00	
13e. Total		\$ 0.00	Copy here →
14. Your current monthly income. Subtract line 13d from line 12.	13.	- \$ 0.00	
	14.	\$ 3,000.00	
15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here→ Multiply line 15a by 12 (the number of months in a year). 15b. The result is your current monthly income for the year for this part of the form.	15a.	\$ 3,000.00 x 12	
	15b.	\$ 36,000.00	

16. **Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live. NC

16b. Fill in the number of people in your household. 3

16c. Fill in the median family income for your state and size of household..... 16c. \$ 64,977.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. **How do the lines compare?**

17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Disposable Income* (Official Form 122C-2).

17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. **Copy your total average monthly income from line 11.** 18. \$ 3,000.00

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. 19a. - \$ 0.00

19b. **Subtract line 19a from line 18.** 19b. \$ 3,000.00

20. **Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b 20a. \$ 3,000.00

Multiply by 12 (the number of months in a year). x 12

20b. The result is your current monthly income for the year for this part of the form. 20b. \$ 36,000.00

20c. Copy the median family income for your state and size of household from line 16c. 20c. \$ 64,977.00

21. **How do the lines compare?**

☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X/s/ Lent C. Carr II
Signature of Debtor 1

Date March 20, 2018
MM / DD / YYYY

X/s/ Deltarina Carr
Signature of Debtor 2

Date March 20, 2018
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**United States Bankruptcy Court
Eastern District of North Carolina**

In re **Lent Christopher Carr II and Deltarina V. Carr**
Debtor(s)

Case No _____
Chapter **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above- named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>5,000.00</u>
Prior to the filing of this statement, I have received	\$ <u>800.00</u>
Balance Due.....	\$ <u>4,200.00</u>

2. \$ **0.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify)
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify)
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof
 - Other matters required by local rule**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
Adversary proceedings, non-base matters, conversion to or representation in other chapters, non-bankruptcy representation.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **03/20/2018**

/s/ Erich M. Fabricius

Erich M. Fabricius
NC Bar 39667
Fabricius & Fabricus PLLC
P.O. Box 1230
Knightdale, NC 27545
919-295-6001 Fax: 919-890-3833
emf@fabriciuslaw.com

ACS/BoA
P.O. Box 7060
Utica, NY 13504-7060

AMCOL Systems, Inc.
PO Box 21625
Columbia, SC 29221

AT&T
1801 Valley View Ln
Dallas TX 75234-8906

Convergent Outsourcing
PO Box 9004
Renton, WA 98057

Creditors Collection Service
4530 Old Cove Spring Rd
Cove Spring, VA 24018

Dish Network
9601 S. Meridian Blvd.
Englewood, CO 80112

Diversified Consultants, Inc
10550 Deerwood Park Blvd #309
Dountroon, FL 32256

Duke Energy
PO Box 70515
Charlotte, NC 28272

Hicks Motor Sales
532 Hillsboro St.
Oxford, NC 27565

Hoke County District Attorney
231 N Main St
Raeford, NC 28376

Hoke County Tax Collector
227 N. Main St.
Raeford, NC 28376

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

Kroger
1014 Vine St
Cincinnati, OH 45202

Mariner Finance, LLC
1333 Scotland Crossing Dr.
Laurinburg, NC 28352

Meade Associates
737 Enterprise Dr.
Lewis Center, OH 43035

New South Finance
2107 Chester Ridge Dr.
High Point, NC 27262

North Carolina Dept of Revenue
Office Services Division
Bankruptcy Unit
P.O. Box 1168
Raleigh, NC 27602-1168

Online Collections
P.O. Box 1489
Winterville NC 28590

Payliance
Eastern Oral Ste 120
Columbus, OH 43219

Pitt County Tax Collector
P.O. Box 43
Greenville, NC 27835

PSNC Energy
PO Box 100256
Columbia, SC 29202

Raleigh Radiology Associates, Inc
PO Box 2090
Morrisville, NC 25760

Rudolph K. Smith
RKS Law
PO Box 2095
Fayetteville, NC 28302-2095

WakeMed
PO Box 29516
Raleigh, NC 27626

Wilson Utilities
208 Nash St E
Wilson, NC 27893

United States Bankruptcy Court
Eastern District of North Carolina

In re Lent C. Carr, II &
Deltarina Carr,
Debtor

Case No. _____

Chapter 13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date March 20, 2018

/s/ Lent C. Carr II
Signature of Debtor 1

Date March 20, 2018

/s/ Deltarina Carr
Signature of Debtor 2 (if any)

I hereby certify under penalty of perjury that the attached list of creditors which has been prepared in the format required by the clerk is true and accurate to the best of my knowledge and includes all creditors scheduled in the petition.

Date March 20, 2018

/s/ Erich M. Fabricius
Signature of Attorney
Erich M. Fabricius
NC Bar 39667
Fabricius & Fabricius PLLC
P.O. Box 1230
Knightdale, NC 27545
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